

23063

PCT

REQUEST

The undersigned requests that the present international application be processed according to the Patent Cooperation Treaty.

For receiving Office use only

International Application No.

International Filing Date

Name of receiving Office and "PCT International Application"

Applicant's or agent's file reference (if desired) (12 characters maximum) B. 10950 (B. A9918)

Box No. I TITLE OF INVENTION MACHINE FOR COFFEE BEVERAGE PRODUCTION

Box No. II APPLICANT ☐ This person is also inventor

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

DE' LONGHI S.p.A.
Via L. Seitz, 47

I-31100 TREVISO - ITALY -

Telephone No.

Facsimile No.

Teleprinter No.

Applicant's registration No. with the Office

State (that is, country) of nationality:

IT

State (that is, country) of residence:

IT

This person is applicant for the purposes of:

☐ all designated States

☒ all designated States except the United States of America

☐ the United States of America only

☐ the States indicated in the Supplemental Box

Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

DE' LONGHI Giuseppe
Vicolo Rovero, 1

I-31100 TREVISO - ITALY -

This person is:

☐ applicant only

☒ applicant and inventor

☐ inventor only (If this check-box is marked, do not fill in below.)

Applicant's registration No. with the Office

State (that is, country) of nationality:

IT

State (that is, country) of residence:

IT

This person is applicant for the purposes of:

☐ all designated States

☐ all designated States except the United States of America

☒ the United States of America only

☐ the States indicated in the Supplemental Box

☐ Further applicants and/or (further) inventors are indicated on a continuation sheet.

Box No. IV AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE

The person identified below is hereby/has been appointed to act on behalf of the applicant(s) before the competent International Authorities as:

☒ agent

☐ common representative

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)

Avv. RAPISARDI MARIACRISTINA
UFFICIO BREVETTI RAPISARDI S.r.l.
Via Serbelloni, 12

I-20122 MILANO - ITALY -

Telephone No.

(39) 02/763011

Facsimile No.

(39) 02/76301300

Teleprinter No.

Agent's registration No. with the Office

☐ Address for correspondence: Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.

Box No. V DESIGNATION OF STATES

Mark the applicable check-boxes below; at least one must be marked.

The following designations are hereby made under Rule 4.9(a):

Regional Patent

- ☒ **AP** ARIPO Patent: GH Ghana, GM Gambia, KE Kenya, LS Lesotho, MW Malawi, MZ Mozambique, SD Sudan, SL Sierra Leone, SZ Swaziland, TZ United Republic of Tanzania, UG Uganda, ZM Zambia, ZW Zimbabwe, and any other State which is a Contracting State of the Harare Protocol and of the PCT (if other kind of protection or treatment desired, specify on dotted line)
- ☒ **EA** Eurasian Patent: AM Armenia, AZ Azerbaijan, BY Belarus, KG Kyrgyzstan, KZ Kazakhstan, MD Republic of Moldova, RU Russian Federation, TJ Tajikistan, TM Turkmenistan, and any other State which is a Contracting State of the Eurasian Patent Convention and of the PCT
- ☒ **EP** European Patent: AT Austria, BE Belgium, BG Bulgaria, CH & LI Switzerland and Liechtenstein, CY Cyprus, CZ Czech Republic, DE Germany, DK Denmark, EE Estonia, ES Spain, FI Finland, FR France, GB United Kingdom, GR Greece, IE Ireland, IT Italy, LU Luxembourg, MC Monaco, NL Netherlands, PT Portugal, SE Sweden, SI Slovenia, SK Slovakia, TR Turkey, and any other State which is a Contracting State of the European Patent Convention and of the PCT
- ☒ **OA** OAPI Patent: BF Burkina Faso, BJ Benin, CF Central African Republic, CG Congo, CI Côte d'Ivoire, CM Cameroon, GA Gabon, GN Guinea, GQ Equatorial Guinea, GW Guinea-Bissau, ML Mali, MR Mauritania, NE Niger, SN Senegal, TD Chad, TG Togo, and any other State which is a member State of OAPI and a Contracting State of the PCT (if other kind of protection or treatment desired, specify on dotted line)

National Patent (if other kind of protection or treatment desired, specify on dotted line):

- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> AE United Arab Emirates | <input checked="" type="checkbox"/> GM Gambia | <input type="checkbox"/> NZ New Zealand |
| <input checked="" type="checkbox"/> AG Antigua and Barbuda | <input checked="" type="checkbox"/> HR Croatia | <input type="checkbox"/> OM Oman |
| <input checked="" type="checkbox"/> AL Albania | <input checked="" type="checkbox"/> HU Hungary | <input type="checkbox"/> PH Philippines |
| <input checked="" type="checkbox"/> AM Armenia | <input checked="" type="checkbox"/> ID Indonesia | <input type="checkbox"/> PL Poland |
| <input checked="" type="checkbox"/> AT Austria | <input checked="" type="checkbox"/> IL Israel | <input type="checkbox"/> PT Portugal |
| <input checked="" type="checkbox"/> AU Australia | <input checked="" type="checkbox"/> IN India | <input type="checkbox"/> RO Romania |
| <input checked="" type="checkbox"/> AZ Azerbaijan | <input checked="" type="checkbox"/> IS Iceland | <input type="checkbox"/> RU Russian Federation |
| <input checked="" type="checkbox"/> BA Bosnia and Herzegovina | <input checked="" type="checkbox"/> JP Japan | <input type="checkbox"/> SC Seychelles |
| <input checked="" type="checkbox"/> BB Barbados | <input checked="" type="checkbox"/> KE Kenya | <input type="checkbox"/> SD Sudan |
| <input checked="" type="checkbox"/> BG Bulgaria | <input checked="" type="checkbox"/> KG Kyrgyzstan | <input type="checkbox"/> SE Sweden |
| <input checked="" type="checkbox"/> BR Brazil | <input checked="" type="checkbox"/> KP Democratic People's Republic of Korea | <input type="checkbox"/> SG Singapore |
| <input checked="" type="checkbox"/> BY Belarus | <input checked="" type="checkbox"/> KR Republic of Korea | <input type="checkbox"/> SK Slovakia |
| <input checked="" type="checkbox"/> BZ Belize | <input checked="" type="checkbox"/> KZ Kazakhstan | <input type="checkbox"/> SL Sierra Leone |
| <input checked="" type="checkbox"/> CA Canada | <input checked="" type="checkbox"/> LC Saint Lucia | <input type="checkbox"/> TJ Tajikistan |
| <input checked="" type="checkbox"/> CH & LI Switzerland and Liechtenstein | <input checked="" type="checkbox"/> LK Sri Lanka | <input type="checkbox"/> TM Turkmenistan |
| <input checked="" type="checkbox"/> CN China | <input checked="" type="checkbox"/> LR Liberia | <input type="checkbox"/> TN Tunisia |
| <input checked="" type="checkbox"/> CO Colombia | <input checked="" type="checkbox"/> LS Lesotho | <input type="checkbox"/> TR Turkey |
| <input checked="" type="checkbox"/> CR Costa Rica | <input checked="" type="checkbox"/> LT Lithuania | <input type="checkbox"/> TT Trinidad and Tobago |
| <input checked="" type="checkbox"/> CU Cuba | <input checked="" type="checkbox"/> LU Luxembourg | <input type="checkbox"/> TZ United Republic of Tanzania |
| <input checked="" type="checkbox"/> CZ Czech Republic | <input checked="" type="checkbox"/> LV Latvia | <input type="checkbox"/> UA Ukraine |
| <input checked="" type="checkbox"/> DE Germany | <input checked="" type="checkbox"/> MA Morocco | <input type="checkbox"/> UG Uganda |
| <input checked="" type="checkbox"/> DK Denmark | <input checked="" type="checkbox"/> MD Republic of Moldova | <input type="checkbox"/> US United States of America |
| <input checked="" type="checkbox"/> DM Dominica | <input type="checkbox"/> MG Madagascar | <input type="checkbox"/> UZ Uzbekistan |
| <input checked="" type="checkbox"/> DZ Algeria | <input checked="" type="checkbox"/> MK The former Yugoslav Republic of Macedonia | <input type="checkbox"/> VC Saint Vincent and the Grenadines |
| <input checked="" type="checkbox"/> EC Ecuador | <input checked="" type="checkbox"/> MN Mongolia | <input type="checkbox"/> VN Viet Nam |
| <input checked="" type="checkbox"/> EE Estonia | <input checked="" type="checkbox"/> MW Malawi | <input type="checkbox"/> YU Yugoslavia |
| <input checked="" type="checkbox"/> ES Spain | <input checked="" type="checkbox"/> MX Mexico | <input type="checkbox"/> ZA South Africa |
| <input checked="" type="checkbox"/> FI Finland | <input checked="" type="checkbox"/> MZ Mozambique | <input type="checkbox"/> ZM Zambia |
| <input checked="" type="checkbox"/> GB United Kingdom | <input checked="" type="checkbox"/> NO Norway | <input type="checkbox"/> ZW Zimbabwe |
| <input checked="" type="checkbox"/> GD Grenada | | |
| <input checked="" type="checkbox"/> GE Georgia | | |
| <input checked="" type="checkbox"/> GH Ghana | | |

Check-boxes below reserved for designating States which have become party to the PCT after issuance of this sheet:

| | | |
|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Precautionary Designation Statement: In addition to the designations made above, the applicant also makes under Rule 4.9(b) all other designations which would be permitted under the PCT except any designation(s) indicated in the Supplemental Box as being excluded from the scope of this statement. The applicant declares that those additional designations are subject to confirmation and that any designation which is not confirmed before the expiration of 15 months from the priority date is to be regarded as withdrawn by the applicant at the expiration of that time limit. (Confirmation (including fees) must reach the receiving Office within the 15-month time limit.)

Box No. VI PRIORITY CLAIM

The priority of the following earlier application(s) is hereby claimed:

| Filing date of earlier application (day/month/year) | Number of earlier application | Where earlier application is: | | |
|---|----------------------------------|--|---|--|
| | | national application: country or Member of WTO | regional application:* regional Office | international application: receiving Office |
| item (1) February 07, 2003 (07.02.2003) | MI2003A 000219 | ITALY | | |
| item (2) | | | | |
| item (3) | | | | |
| item (4) | | | | |
| item (5) | | | | |

☐ Further priority claims are indicated in the Supplemental Box.

The receiving Office is requested to prepare and transmit to the International Bureau a certified copy of the earlier application(s) (only if the earlier application was filed with the Office which for the purposes of this international application is the receiving Office) identified above as:

☐ all items
☒ item (1)
☐ item (2)
☐ item (3)
☐ item (4)
☐ item (5)
☐ other, see Supplemental Box

* Where the earlier application is an ARIPO application, indicate at least one country party to the Paris Convention for the Protection of Industrial Property or one Member of the World Trade Organization for which that earlier application was filed (Rule 4.10(b)(ii)):

.....

Box No. VII INTERNATIONAL SEARCHING AUTHORITY

Choice of International Searching Authority (ISA) (if two or more International Searching Authorities are competent to carry out the international search, indicate the Authority chosen; the two-letter code may be used):

ISA / ..EP.....

Request to use results of earlier search; reference to that search (if an earlier search has been carried out by or requested from the International Searching Authority):

Date (day/month/year)

Number

Country (or regional Office)

Box No. VIII DECLARATIONS

The following declarations are contained in Boxes Nos. VIII (i) to (v) (mark the applicable check-boxes below and indicate in the right column the number of each type of declaration):

Number of
declarations

- | | | |
|---|--|---|
| <input type="checkbox"/> Box No. VIII (i) | Declaration as to the identity of the inventor | : |
| <input type="checkbox"/> Box No. VIII (ii) | Declaration as to the applicant's entitlement, as at the international filing date, to apply for and be granted a patent | : |
| <input type="checkbox"/> Box No. VIII (iii) | Declaration as to the applicant's entitlement, as at the international filing date, to claim the priority of the earlier application | : |
| <input checked="" type="checkbox"/> Box No. VIII (iv) | Declaration of inventorship (only for the purposes of the designation of the United States of America) | : |
| <input type="checkbox"/> Box No. VIII (v) | Declaration as to non-prejudicial disclosures or exceptions to lack of novelty | : |

Box No. VIII (iv) DECLARATION: INVENTORSHIP (only for the purposes of the designation of the United States of America)
The declaration must conform to the following standardized wording provided for in Section 214: see Notes to Boxes Nos. VIII, VIII (i) to (v) (in general) and the specific Notes to Box No. VIII (iv). If this Box is not used, this sheet should not be included in the request.

Declaration of inventorship (Rules 4.17(iv) and 51bis.1(a)(iv))
 for the purposes of the designation of the United States of America:

I hereby declare that I believe I am the original, first and sole (if only one inventor is listed below) or joint (if more than one inventor is listed below) inventor of the subject matter which is claimed and for which a patent is sought.

This declaration is directed to the international application of which it forms a part (if filing declaration with application).

This declaration is directed to international application No. PCT/..... (if furnishing declaration pursuant to Rule 26ter).

I hereby declare that my residence, mailing address, and citizenship are as stated next to my name.

I hereby state that I have reviewed and understand the contents of the above-identified international application, including the claims of said application. I have identified in the request of said application, in compliance with PCT Rule 4.10, any claim to foreign priority, and I have identified below, under the heading "Prior Applications," by application number, country or Member of the World Trade Organization, day, month and year of filing, any application for a patent or inventor's certificate filed in a country other than the United States of America, including any PCT international application designating at least one country other than the United States of America, having a filing date before that of the application on which foreign priority is claimed.

Prior Applications: MI2003A 000219 February 07, 2003

I hereby acknowledge the duty to disclose information that is known by me to be material to patentability as defined by 37 C.F.R. § 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the PCT international filing date of the continuation-in-part application.


I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name: DE' LONGHI Giuseppe

Residence: TREVISO - ITALY -
 (city and either US state, if applicable, or country)

Mailing Address: Vicolo Rovero, 1
 I-3100 TREVISO - ITALY -

Citizenship: ITALIAN

Inventor's Signature: 
 (if not contained in the request, or if declaration is corrected or added under Rule 26ter after the filing of the international application. The signature must be that of the inventor, not that of the agent)

Date: October 16, 2003
 (of signature which is not contained in the request, or of the declaration that is corrected or added under Rule 26ter after the filing of the international application)

Name:

Residence:
 (city and either US state, if applicable, or country)

Mailing Address:

Citizenship:

Inventor's Signature:
 (if not contained in the request, or if declaration is corrected or added under Rule 26ter after the filing of the international application. The signature must be that of the inventor, not that of the agent)

Date:
 (of signature which is not contained in the request, or of the declaration that is corrected or added under Rule 26ter after the filing of the international application)

☐ This declaration is continued on the following sheet, "Continuation of Box No. VIII (iv)".

Box No. IX CHECK LIST; LANGUAGE OF FILING

| This international application contains: | | This international application is accompanied by the following item(s) (mark the applicable check-boxes below and indicate in right column the number of each item): | | Number of items |
|--|-------------|---|--|-----------------|
| (a) in paper form, the following number of sheets : . | | 1. <input checked="" type="checkbox"/> fee calculation sheet | | : 01 |
| request (including declaration sheets) | : 05 | 2. <input type="checkbox"/> original separate power of attorney | | : |
| description (excluding sequence listings and/or tables related thereto) | : 17 | 3. <input checked="" type="checkbox"/> original general power of attorney | | : |
| claims | : 06 | 4. <input type="checkbox"/> copy of general power of attorney; reference number, if any: | | : |
| abstract | : 01 | 5. <input type="checkbox"/> statement explaining lack of signature | | : |
| drawings | : 21 | 6. <input checked="" type="checkbox"/> priority document(s) identified in Box No. VI as item(s): | | : |
| Sub-total number of sheets | : 50 | 7. <input checked="" type="checkbox"/> translation of international application into (language): <u>English</u> | | : |
| tables related thereto | : | 8. <input type="checkbox"/> separate indications concerning deposited microorganism or other biological material | | : |
| (for both, actual number of sheets if filed in paper form, whether or not also filed in computer readable form; see (c) below) | | 9. <input type="checkbox"/> sequence listings in computer readable form (indicate type and number of carriers) | | : |
| Total number of sheets | : 30 | (i) <input type="checkbox"/> copy submitted for the purposes of international search under Rule 13ter only (and not as part of the international application): | | : |
| (b) <input type="checkbox"/> only in computer readable form (Section 801(a)(i)) | | (ii) <input type="checkbox"/> (only where check-box (b)(i) or (c)(i) is marked in left column) additional copies including, where applicable, the copy for the purposes of international search under Rule 13ter | | : |
| (i) <input type="checkbox"/> sequence listings | | (iii) <input type="checkbox"/> together with relevant statement as to the identity of the copy or copies with the sequence listings mentioned in left column | | : |
| (ii) <input type="checkbox"/> tables related thereto | | 10. <input type="checkbox"/> tables in computer readable form related to sequence listings (indicate type and number of carriers) | | : |
| (c) <input type="checkbox"/> also in computer readable form (Section 801(a)(ii)) | | (i) <input type="checkbox"/> copy submitted for the purposes of international search under Section 802(b-quater) only (and not as part of the international application) | | : |
| (i) <input type="checkbox"/> sequence listings | | (ii) <input type="checkbox"/> (only where check-box (b)(ii) or (c)(ii) is marked in left column) additional copies including, where applicable, the copy for the purposes of international search under Section 802(b-quater) | | : |
| (ii) <input type="checkbox"/> tables related thereto | | (iii) <input type="checkbox"/> together with relevant statement as to the identity of the copy or copies with the tables mentioned in left column | | : |
| Type and number of carriers (diskette, CD-ROM, CD-R or other) on which are contained the | | 11. <input type="checkbox"/> other (specify): | | : |
| <input type="checkbox"/> sequence listings: | | | | |
| <input type="checkbox"/> tables related thereto: | | | | |
| (additional copies to be indicated under items 9(ii) and/or 10(ii), in right column) | | | | |

Figure of the drawings which should accompany the abstract: 01

Language of filing of the international application: English

Box No. X SIGNATURE OF APPLICANT, AGENT OR COMMON REPRESENTATIVE

Next to each signature, indicate the name of the person signing and the capacity in which the person signs (if such capacity is not obvious from reading the request).

Avv. RAPISARDI MARIACRISTINA
UFFICIO BREVETTI RAPISARDI S.r.l.

| For receiving Office use only | |
|---|--|
| 1. Date of actual receipt of the purported international application: | 2. Drawings: <input type="checkbox"/> received: <input type="checkbox"/> not received: |
| 3. Corrected date of actual receipt due to later but timely received papers or drawings completing the purported international application: | |
| 4. Date of timely receipt of the required corrections under PCT Article 11(2): | |
| 5. International Searching Authority (if two or more are competent): ISA / | 6. <input type="checkbox"/> Transmittal of search copy delayed until search fee is paid |

| For International Bureau use only |
|---|
| Date of receipt of the record copy by the International Bureau: |

This sheet is not part of and does not count as a sheet of the international application.

PCT

FEE CALCULATION SHEET

Annex to the Request

For receiving Office use only

International Application No.

Date stamp of the receiving Office

Applicant's or agent's
file reference B. 10950 (B. A9918)

Applicant
DE' LONGHI S.p.A.

CALCULATION OF PRESCRIBED FEES

1. TRANSMITTAL FEE EURO 100,00.= T

2. SEARCH FEE EURO 945,00.= S

International search to be carried out by _____
(If two or more International Searching Authorities are competent to carry out the international search, indicate the name of the Authority which is chosen to carry out the international search.)

3. INTERNATIONAL FEE

Basic Fee

Where items (b) and/or (c) of Box No. IX apply, enter Sub-total number of sheets } 50
Where items (b) and (c) of Box No. IX do not apply, enter Total number of sheets }

b1 first 30 sheets EURO 444,00.= b1

b2 20 x EURO 10,00.= EURO 200,00.= b2
number of sheets in excess of 30 fee per sheet

b3 additional component (only if sequence listings and/or tables related thereto are filed in computer readable form under Section 801(a)(i), or both in that form and on paper, under Section 801(a)(ii)):

400 x _____ = b3
fee per sheet

Add amounts entered at b1, b2 and b3 and enter total at B EURO 644,00.= B

Designation Fees

The international application contains 88 designations.

6 x EURO 96,00.= EURO 576,00.= D
number of designation fees payable (maximum 5) amount of designation fee

Add amounts entered at B and D and enter total at I EURO 1.220,00.= I

(Applicants from certain States are entitled to a reduction of 75% of the international fee. Where the applicant is (or all applicants are) so entitled, the total to be entered at I is 25% of the sum of the amounts entered at B and D.)

4. FEE FOR PRIORITY DOCUMENT (if applicable) EURO 30,00.= P

5. TOTAL FEES PAYABLE EURO 2.295,00.=

Add amounts entered at T, S, I and P, and enter total in the TOTAL box

TOTAL

☐ The designation fees are not paid at this time.

MODE OF PAYMENT

10568277

☐ authorization to charge
deposit account (see below)

☒ postal money order
will follow

☐ cash

☐ coupons

☐ cheque

☐ bank draft

☐ revenue stamps

☐ other (specify):

AUTHORIZATION TO CHARGE (OR CREDIT) DEPOSIT ACCOUNT

(This mode of payment may not be available at all receiving Offices)

☐ Authorization to charge the total fees indicated above.

☐ (This check-box may be marked only if the conditions for deposit accounts of the receiving Office so permit) Authorization to charge any deficiency or credit any overpayment in the total fees indicated above.

☐ Authorization to charge the fee for priority document.

Receiving Office: RO/ _____

Deposit Account No.: _____

Date: _____

Name: _____

Signature: _____

Europäisches
Patentamt

European Patent
Office

Office européen
des brevets

Erhardtstraße 27
D-8000 München 2
Telephon (0 89) 23 99-0
Telex 5 23 658 epmu d



Europäisches Patentamt · Erhardtstraße 27 · D-8000 München 2

Avv. RAPISARDI MARIACRISTINA
UFFICIO BREVETTI RAPISARDI S.r.l.
Via Serbelloni, 12

I-20122 MILANO - ITALY -

Nr. der Anmeldung - Application N° - Demande de brevet n°

Tag des Eingangs - Date of Receipt - Date de réception

Zeichen des Anmelders/Vertreters - Applicant/Representative
Ref. N° - Référence du demandeur ou du mandataire

B. 10950 (B. A9918)

Datum / Date

Anmelder: DE' LONGHI S.p.A.
Applicant:
Demandeur:

Empfangsbescheinigung/Receipt for documents/Récépissé de documents

Das Europäische Patentamt bescheinigt hiermit den Empfang folgender Dokumente:
The European Patent Office hereby acknowledges the receipt of the following:
L'Office européen des brevets accuse réception des documents indiqués ci-dessous:

| A. Anmeldeunterlagen / items making up the application / pièces de la demande | Stückzahl/N° of copies / Nombre d'exemplaires | B. Beigefügte Dokumente / accompanying documents / documents joints |
|--|---|---|
| <input checked="" type="checkbox"/> Antrag Request Requête | <u>1</u> | <input checked="" type="checkbox"/> Vertretervollmacht Authorisation of representative(s) Pouvoir de mandataire |
| <input checked="" type="checkbox"/> Beschreibung Description | <u>3</u> | <input checked="" type="checkbox"/> Prioritätsbeleg(e) Priority document(s) Document(s) de priorité |
| <input checked="" type="checkbox"/> Patentanspruch (Patentansprüche) Claim(s) Revendication(s) | <u>3</u> | <input checked="" type="checkbox"/> Übersetzung des(r) Prioritätsbelegs(belege) Translation of priority document(s) Traduction du ou des documents(s) de priorité |
| <input checked="" type="checkbox"/> Zeichnung(en) Drawing(s) Dessin(s) | <u>3x21</u> | <input checked="" type="checkbox"/> Erfindernennung Designation of inventor Désignation de l'inventeur |
| <input checked="" type="checkbox"/> Zusammenfassung Abstract Abrégé | <u>3</u> | <input type="checkbox"/> Früherer Recherchenbericht Earlier Search report Rapport de recherche antérieur |
| | | <input type="checkbox"/> Prüfungsantrag Request for examination Requête en examen |
| | | <input checked="" type="checkbox"/> Abbuchungsauftrag Debit order Ordre de débit will follow |
| | | <input checked="" type="checkbox"/> Sonstige Unterlagen Other documents Autres documents |

Accompanying letter

Die genannten Unterlagen sind am oben genannten Tag eingegangen; die Anmeldung hat die ebenfalls oben angeführte Anmeldenummer erhalten.
Um Beachtung des Merkblattes EPA Form 1034 „Hinweis auf wichtige Fristen im Zusammenhang mit der Einreichung einer europäischen Patentanmeldung“ wird gebeten.

The said items were received on the date indicated above and the application has been assigned the above-indicated application number.
You are requested to note the details contained in EPO Form 1034 -
"Information about important deadlines for filing a European patent application".

Les documents mentionnés ont été reçus à la date indiquée; le numéro figurant ci-dessus a été attribué à la demande de brevet.
Nous attirons votre attention sur la notice d'information (OEB Form 1034)
"Délais importants concernant le dépôt d'une demande de brevet européen".

**This Page is Inserted by IFW Indexing and Scanning
Operations and is not part of the Official Record**

BEST AVAILABLE IMAGES

Defective images within this document are accurate representations of the original documents submitted by the applicant.

Defects in the images include but are not limited to the items checked:

- ☐ BLACK BORDERS
- ☐ IMAGE CUT OFF AT TOP, BOTTOM OR SIDES
- ☐ FADED TEXT OR DRAWING
- ☒ BLURRED OR ILLEGIBLE TEXT OR DRAWING
- ☐ SKEWED/SLANTED IMAGES
- ☐ COLOR OR BLACK AND WHITE PHOTOGRAPHS
- ☐ GRAY SCALE DOCUMENTS
- ☐ LINES OR MARKS ON ORIGINAL DOCUMENT
- ☐ REFERENCE(S) OR EXHIBIT(S) SUBMITTED ARE POOR QUALITY
- ☐ OTHER: _____

IMAGES ARE BEST AVAILABLE COPY.

As rescanning these documents will not correct the image problems checked, please do not report these problems to the IFW Image Problem Mailbox.